

Report
MicroResearch Workshop University of Nairobi
November 13-25, 2011

“Building capacity from a research idea to a finished paper, to knowledge translation”

Workshop for Community Based Researchers

Held at
University of Nairobi,
Nairobi, Kenya
Hosted by the University of Nairobi Institute of Tropical and Infectious Diseases
(UNITID)

From November 13 to 25, 2011

Lecturers

Robert Bortolussi, MD FRCPC, Professor of Pediatrics,
Noni MacDonald, MD, FRCPC, FCAHS, Professor of Pediatrics,
IWK Health Centre and Dalhousie University, Halifax, Canada
and
Anastasia Guantai, BPharm, PhD, Professor of Pharmacology and Pharmacognosy,
School of Pharmacy, and Chair, Kenyatta National Hospital/University of Nairobi Ethics
and Research Committee
Sabina Wakasiaka, Kenya AIDS Vaccine Initiative (Community Engagement)
University of Nairobi, Nairobi Kenya

Kenyan Mentor
Ruth Nduati MD, PhD Department of Pediatrics, School of Medicine,
University of Nairobi

Funding Sponsors

MicroResearch, IWK Health Centre, Dalhousie University
And
Canadian Child Health Clinician Scientist Program (CCHCSP)

Introduction and Background

The absolute need for capacity building in research was recognized several years ago by African nations. Lack of grant funds for small research projects is a major obstacle to research development in many of these countries. Small projects are the fuel, upon which research skills are honed and a track record is established, a critical factor in any research grant proposal.

In March 2009, Drs. Noni MacDonald and Robert Bortolussi were awarded funds from CCHCSP for a pilot Micro-Research infrastructure project. Micro-Research, a concept modeled on Micro-Finance, was conceived by Jerome Kabakyenga, Dean of Medicine of Mbarara University of Science and Technology (MUST), Noni MacDonald and Bob Bortolussi in 2008 (Appendix 1). The CCHCSP pilot project would use educational tools, mentors, seed grant support and peer-to-peer interaction with CCHCSP and African researchers.

The program at University of Nairobi was modified from earlier MicroResearch workshops based on feedback from attendees and host institutions. To ensure that the course met host institutional needs and to build capacity, local experts from the University of Nairobi participated as teachers on sessions dealing with research ethics and community engagement. The goal of the workshop was to enhance skills for:

- o grant proposal development and management
- o pitfalls in research
- o research ethics
- o research manuscript development
- o pitfalls in presentations including abstracts
- o technical report writing
- o knowledge translation and policy development
- o time and resource management
- o community engagement
- o curriculum vitae development

The format for the workshop combined lectures and daily small group interdisciplinary, interactive working sessions. Initially, each participant of the three small groups (6-7 per group) made a proposal for a research project based on their own experience of need. The group then selected one proposal to work on as a team to develop into a research proposal over the remaining two weeks of the workshop. The timing of lectures was designed to coincide with the needs of the group as they progressed from formulation of an idea to refinement and finally to presentation.

Program

The course was held at the College of Health Sciences at the University of Nairobi from November 13-25 from 8:30 until 12:30 AM. University of Nairobi Institute of Tropical and Infectious Diseases (UNITID) provided the local site support. Participants were recruited at the University through word of mouth and posters (see Appendix 2) as well

as direct invitations to each health professional school by the Director of the Institute of Tropical and Infectious Disease (UNITID) – Dr Benson Estambale. Participants from a range of disciplines were represented including professionals from medicine (pediatrics, obstetrics and gynecology), dentistry, nursing, pharmacology, rehabilitation medicine, microbiology, visual science, medical anthropology and public health (Appendix 3). All participants were committed to developing their skills in clinical research, especially research that could improve health outcomes.

The Workshop lecture and program schedule is shown in Appendix 4. Daily attendance was taken and ranged from 16 to 18 (~ over 90%). Guest lecturers contributed valuable knowledge and led discussions on the Kenyan perspective on research ethics (Dr. Anastasia Guantai) and community engagement (Mrs. Sabina Wakasiaka).

Course participants were divided into three groups so that each group included a range of professional disciplines. Most members had not met or worked with each other previously. The collaboration started with discussion of a research questions put forward by each member of the group. The research questions were based on their own experience and developed guided by the lecture: “How to develop a research question”. The group then vigorously discussed the merits of each question and selected one to work on as their team project. A spokesperson for each group then presented the list of topics to the entire class and noted the one selected by the group and the rationale for its selection. (See appendix 5)

The three topics selected to move forward during the workshop were:

- Group 1: Challenges to the provision of maternal child services in Kenya.
- Group 2: Factors that hinder adequate use of partograms in the labour ward-later modified to Pilot Project: The Impact of In-service Training of Mid-Wives on Partogram Use.
- Group 3: Factors contributing to the high drop-out rates among patients undergoing club foot repair. Later modified to Factors Hindering Adherence to Ponseti Management of Clubfoot at AIC-CURE Hospital Kijabe

The series of lectures then provided knowledge and skills needed to develop these topics into a research proposal. This included an emphasis on knowledge translation and community engagement- core principles to the MicroResearch concept. Many lectures stimulated lively discussion relevant to the projects. - e.g. issues on equity, quality of care and relevance became hot topics following the health policy lecture. As each proposal developed over the course of the two weeks, each group was coached by a consistent facilitator (Group 1: R. Nduati, Group 2 : N. MacDonald, Group 3: R. Bortolussi).

The 10 half days workshop was completed with the three groups presenting a 10 minute overview of their research proposal followed by a 10-15 minute of comments and questions from the judges. A distinguished group of judges participated and decided on the best presentation; Grace Omoni PhD, (Director of the School of Nursing Sciences), Martin Kollmann MD (Program Director CBM East and Central Africa Region), Charles Omwandho PhD, (Dean School of Medicine, University of Nairobi), William Macharia

MD (Chair, Department of Pediatrics, Aga Khan School of Medicine). For reasons of conflict of interest, the group facilitators did not judge the groups. The scoring system used was developed by the past participants to take into account MicroResearch principles (Appendix 6).

Group Winner: The judges determined Group 2: “Pilot Project: The Impact of In-service Training of Mid-Wives of Partogram Use”, to be the best proposal presented but were impressed by all.

Judges’ Summary Comments: Proposal Presentations Nov 25, 2011

The three proposals presented were truly impressive given that the groups were only formed 10 days ago and the topic selected 9 days ago. All of the proposals are very relevant for Kenya. All three groups should be strongly encouraged to polish their proposal and move it forward for funding.

Group 1: This is a very relevant and important area for research. The focus on strengthening primary care is well targeted. The current proposal may be overly ambitious and might benefit from being broken into components.

Group 2: This is a very relevant proposal for Kenya and if the intervention proves useful may have far reaching impacts. The proposal needs to be tidied up with more details on the coaching intervention as well as discussing how this might be scaled up if proves successful.

Group 3. This is a well designed well focused relevant proposal that has much potential. Will be helpful to explain why not addressing enrollment and early drop outs or incorporate into the study. A good description of how the interventions may flow from the findings would be helpful.

Martin Kollmann noted after listening to the three presentations that “*One can easily see the clear winners of MicroResearch- it’s Kenya.*”

Dean Omwandho commented on the importance of clarity of communication and in developing a proposal to have the end strategy in mind. Both comments linked well to MicroResearch training components.

Workshop Assessment

An assessment of the workshop by participants was obtained using structured evaluation forms submitted anonymously by participants. Eleven out of 18 returned the forms. The scores and summary of comments are presented in Appendix 7.

Outcomes and Recommendations

1. At the recommendation of the Principal of the College of Health Sciences, a formal MOU will be drawn up between the University of Nairobi and Dalhousie University in order to support and facilitate MicroResearch collaborations
2. Each MicroResearch Group has been encouraged to continue to meet regularly to refine their proposal for submission for MicroResearch funding with assistance from their Kenyan and Canadian coaches. Kenyan coaches were chosen based on their interest and expertise; Ruth Nduati- Group 1, Grace Omoni -Group 2 and Martin Kollmann- Group 3. Each group will also be linked to a coach from CCHCSP and other Canadian organizations who will help to polish the submissions and provide ongoing advice.
3. Each of the Kenyan coaches will be invited to sign up as facilitators at the MicroResearch web site so the learning modules can be used to expand training during the monthly meetings where each group will refine their proposals and delegate tasks for next meeting.
4. Infrastructure support for UoN will be 20% of the grant award, and will be provided as an extra payment for support of program. Fifty percent (50%) of the expected MicroResearch infrastructure overhead will be sent to UNITID in advance to help support monthly group meetings and ethics application cost.
5. Once the scientific and research ethics approval has been provided, funds for each approved MicroResearch project will be transferred to UNITID at the University of Nairobi to initiate the project. The balance of the infrastructure monies will also be sent.
6. Participants have been encouraged to put into practice what they have learned, both for their personal research/academic growth, as well as through passing on this learning to others. The materials from this course were made available on flash drives given to each participant in the course. On a semi-annual basis, course participants will be surveyed by e mail to determine how they have used the MicroResearch training.
7. Prof Nduati expressed interest in examining how the MicroResearch materials and philosophy might be used in the medical and nursing curriculae to stimulate a culture of inquiry. This would expand MicroResearch capacity building. Provided attribution is given – this is a welcome addition.
8. There was unanimous agreement by the University of Nairobi planning committee that a second training course for MicroResearch be given in 2012. Dates will be explored as well as potential University of Nairobi faculty recruited to teach the course with the eventual goal that the university will become a country centre for MicroResearch training. University of Nairobi will also explore potential funding opportunities within Kenya for such projects.

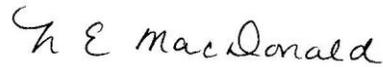
Acknowledgements:

In closing we would like to express our gratitude for the interest, energy and help of Drs. Benson Estambale, Martin Kollmann, Grace Omoni and Ruth Nduati in organizing the workshop. Dr. Estambale's assistants, Olivia and Georgina provided great support throughout the workshop. Dr. Ruth Nduati also was a mentor for Group 1 and provided valuable insights thorough out. Dr. Anastasia Guantai and Mrs. Sabina Wakasiaka provided great insight in the lectures and discussion on research ethics and community engagement respectively. We also express our thanks to Dr Estambale for his support and for facilitating and encouraging broad participation in the MicroResearch framework.

Respectfully submitted,



Robert Bortolussi MD, FRCPC



Noni E. MacDonald MD, FRCPC, FCAHS

November 26, 2011

Appendices:

1. MicroResearch: MacDonald N and Kabakyenga J. Micro- Research: borrowing from the micro finance model. CMAJ 2008;179:399
2. Poster Invitation
3. Program Outline
4. List of participants, backgrounds and email addresses
5. Topics and Questions explored by each group
6. Scoring System for Proposal presentation
7. Course Evaluations

Appendix 1

CMAJ

EDITORIAL

FRANÇAIS À LA PAGE SUIVANTE

Microresearch: borrowing from the microfinance experience

Who is at risk of severe head injuries in the hospital in Mbarara, and what are the outcomes? Why do some mothers in rural western Uganda seek care early for babies with severe diarrhea while others delay until the babies are in shock? These are 2 of the many vital applied health research questions raised by Ugandan health faculty members at a recent multidisciplinary research training workshop in Mbarara. Participants refined their questions, developed appropriate methodology and discussed the potential for this research to affect local health programs. But after days of hard work, a more worrisome question arose: Where will the money come from to undertake these small studies?

The lack of research capacity and access to local research funds has precluded the development of quality-of-care research using the "plan, do, study, act" approach common in industrialized countries. Local health faculty members are best placed to identify high-priority problems, help assemble local resources to study and solve problems and, most importantly, push local stakeholders into action. Motivation for change would be high, given that the community would live with the benefits or ongoing failures. Local research would also foster a culture of inquiry that would permeate the local health care system.

The scarcity of funding for locally applied research persists despite the dramatic increases in research dollars being spent in the developing world. The Bill and Melinda Gates Foundation, governments of developed countries and the World Health Organization have all invested millions of dollars in research on disease-specific health problems in developing countries, including tuberculosis, malaria and HIV/AIDS. Although this has led to important advances in health care, most projects are conceived, designed and managed by researchers from developed countries and offer little opportunity for local health faculty members to increase their research capacity. Even the Special Programme for Research and Training in Tropical Diseases (www.who.int/tdr/), which offers small grants to researchers in developing countries, does not accept applications beyond those related to infectious diseases. Furthermore, the program is run from a distance and local health faculty members are not involved in selecting the most relevant research projects.

To enhance capacity and find funding for locally applied research in developing countries, a new model is needed. Such a model might be found in the bold microfinance concept of the 2006 Nobel Peace Prize winner, Muhammad Yunus, who revolutionized financial opportunities for the poor in many developing countries.¹ An analogous approach could revolutionize research opportunities in such settings. Let's call it "microresearch."

Borrowing from microfinance principles, a microresearch model would offer grants of about \$3000 to those who normally have no access to research funding opportunities. Only immediately relevant, local, applied health research questions

would be eligible. Multidisciplinary groups of local faculty members would set the research priorities, assist in developing and reviewing grant applications, and assess the progress and outcomes of each project. Research networks could evolve, allowing local research groups to share new knowledge and develop best practices. Repayment of monetary loans is a measure of success in microfinance; the parallel in microresearch would be improvement in the health of communities, as assessed by community members. This approach would reward both the researchers and the communities.

Barriers, such as insufficient baseline local research knowledge and the capacity to do research, could be addressed by providing online access to clinical research education opportunities, such as those developed through the Canadian Child Health Clinician Scientist Program (www.cchcsp.ca). To ensure a high rate of success in research, prominent clinical and health services researchers worldwide could volunteer time to mentor a microresearch group.

A dedicated start-up fund of \$20-\$30 million, distributed among developing countries and managed by local universities, is needed. Bureaucracy must be kept to a minimum, and the major focus kept on the outcomes, including enhanced research capacity, answers to local research questions and regional health improvements. As with microfinance, the spinoffs for microresearch would likely be dramatic, with improved health reaching areas of the world where the need is greatest.

Making microresearch a reality will require champions to get the movement underway, perhaps as pilot projects in 2 or 3 countries. We need to persuade governments, nongovernmental organizations and volunteers to step up with the necessary financial and mentoring support. The developing world is waiting.

Noni MacDonald MD MSc
Section Editor, Public Health
CMAJ

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Dean, Faculty of Medicine
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Mbarara, Uganda

With the Editorial-Writing Team (Paul C. Hébert MD MHS, Rajendra Kale MD, Matthew B. Stanbrook MD PhD, Barbara Sibbald BJ, Ken Flegel MDCM MSc and Amir Attaran LLB DPhil)

Competing interests: None declared for Jerome Kabakyenga. See www.cmaj.ca/miao/edboard.shtml for the Editorial-Writing Team's statements.

REFERENCE

1. Gangemi J. Nobel winner Yunus: microcredit missionary. *Bar Week* 2005 Dec 26. Available: www.businessweek.com/magazine/content/05_52/b3965024.htm (accessed 2008 Jul 24).

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Appendix 2 Poster Announcement

MicroResearch Workshop: Interdisciplinary Research Training

University of Nairobi

Dates Nov 14 to Nov 25 2011



This Micro-research workshop will provide training and opportunities to do community based research. Especially research to improve health for mothers and children.

- Encourage collaboration,
- Provide mentors in Canada and Jamaica
- Permit an exchange of ideas, strategies and knowledge local community needs,

Who can attend?

- Academic faculty staff in any clinical training program, such as nursing, pharmacy, social work, medicine as well as non-direct health related etc. are encouraged.
- Trainees in clinical areas who would like to become researchers will be considered.

What will be expected from you ?

The workshop will take half a day every weekday for 2 weeks (Nov 14 to 25, 2011).

What will you get?

Excellent training on research
Outstanding teachers:

- **Dr Noni MacDonald** Journal Editor. Canada
- **Dr Robert Bortolussi** Award winning Canadian researcher
- Course material on memory stick
- Certificate
- Opportunity to do your own research of up to 175,000 KES in a MicroResearch Competition
- Ongoing support to do research through mentors, collaborators, research funding opportunities.

Learn secrets to successful clinical research projects

- How to do clinical research
- How to publish results
- How to write a Grant

“Modeled after the microfinance concept, MicroResearch will provide small grants, training and mentoring to clinical researchers to ensure the researchers are successful in Kenya.”

How to apply?

Contact:

Director , UNITID; or
Director School of Nursing Sciences ; or Chairman of Department of Paed and Child Health.

College of Health Sciences, University of Nairobi

Tel: 254 20 272 6765

Application deadline
Sept30

Appendix 3 Participants

Group 1: Mentor- Dr. Ruth

Name	Background	Email address
Nekesa Wasike	Veterinarian	rpnwasikei@yahoo.com
Mary Masiga	Pediatric Dentist	ati_masiga@yahoo.com
Blasio Omuga	Obstetrician	mitenga@yahoo.com
Nyambura Kariuki	Pediatrician	Kariukin1@yahoo.com
Gitonga Isaiah	Nursing student	gitgaisah@yahoo.com

Group 2: Mentor – Dr Noni Macdonald

Name	Background	Email Address
Faith Okalebo.	Pharmacist	okalebof@yahoo.com
Alice Yugi.	Nurse	aliceyugi@yahoo.com
Elizabeth Dimba	Dentist	elizabeth.dimba@uonbi.ac.ke
Regina Mutave	Dentist	mutave@uonbi.ac.ke
Jennifer Oyieke	Nurse	jenniferoyieke@yahoo.com
Maria Kiio	Research Scientist	mariakiio@yahoo.co.uk
Jane Ong'an'o	Public Health Pysician	jrnabongo@gmail.com

Group 3 Dr. Bob Bortolussi

Name	Background	Email Address
Hellen Kariuki	Dental Surgeon	Hellen.kariuki@uonbi.ac.ke
Susan Ndinguri	Nurse	sndinguri@cure.kenya.org
Danson Mwangi Kareri	Sociologist	mwangikareri@yahoo.com
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John Mwaniki	Microbiologist	mwanikij@gmail.com
Cyrl Ogada	Dental sciences	nyalikogada@yahoo.com

Appendix 4: Program Outline

Building capacity from a research idea to a finished paper, to knowledge translation

University of Nairobi Nov. 13-25, 2011.

Agenda:

Day 1 (Monday 9:00 - 12:00)

- Introduction to the Course and Objectives
- Introduction to the Web program

Group activity: Each member of the group is challenged to identify a research question from their own experience.

Day 2 (Tuesday 8:30 – 12:30)

- Defining the research question
- Principles of Clinical Research
- Pitfalls in Research

Group activity: The group selects one of the proposals to develop and refine into a research project.

Day 3

- Getting started on writing a proposal
- Each Group Present their Research Question

Group activity: Refine proposal

Day 4

- Writing and Abstract for Meeting Presentation
- Basics of Research Ethics
- Kenyan Research Ethics Perspective and Discussion
(Guest lecturer Dr. Anastasia Guantai)

Group activity: Refine proposal

Day 5

- Oral and Poster presentation & Writing a report
- What editors are looking for

Group activity: Refine proposal

Day 6

- How a manuscript is reviewed
- How a grant proposal is reviewed

Group activity: Refine proposal

Day 7

- Principles of Knowledge Translation
- Moving Research into Policy

- *Group activity: Refine proposal*

Day 8

- Effective Utilization of time and resources
- Community Engagement
- Kenyan Perspective on Community Engagement
(Local Perspective and Discussion Dr. Sabina Wakasiaka)

Group activity: Refine proposal

Day 9

- Developing your Curriculum Vitae
- Group activity: "Polish" proposal for presentation.*

Day 10

- Small Groups Present the research proposal
- Group Activity: Awards and Graduation Ceremony*

Small Group Research Sessions: Those participating in the program will divide into groups. Each group will remain together throughout the course as they develop, refine and complete their research proposal. These sessions will be facilitated to help them focus the research proposal and develop their plan.

Each group will give a 10 minute research presentation at the end of the course (Day 10).

.....

Appendix 5: Initial Project Topics and Final Selected Projects (Bold)

Group 1

- 1. What are the challenges in implementing effective maternal-child health (MCH) services in level one health care in Kenya?**
2. Does the use of oral Zinc Sulphate demonstrate efficacy in management of childhood diarrhoea?
3. What is the adherence level of HCP in the provision of PMTCT services according to standard National guidelines?
4. What are the barriers to accessing oral health care for children infected with HIV in low income populations?
5. What are the barriers to control of rabies in Kenya?
6. What is the knowledge, attitude and practice of caretakers of children with sickle cell disease towards the disease?

Group 2

1. What are the barriers and opportunities among alternative care providers that could be utilized to increase uptake and use of maternal, neonatal services?
2. Can increased community awareness on disabilities within maternal and newborn care contribute to reduction in disability?
3. What is the level of awareness among health workers on the relationship of teething and early childhood illnesses?
- 4. What are the factors that hinder adequate use of partograms in the labor ward?**
5. What is the effect of long term use of Tenofovir gel (microbiocide) on the female genital tract (mucosa)?
6. What are the operational challenges of implementing TB prevention (Isoniazid Preventive Therapy) in children (< 5 yrs)?

Group 3

- 1. Factors contributing to high dropout rate among patients undergoing Ponseti method of management for club foot at Kijabe AIC Mission hospital.**
2. Impact of mothers-at-risk nutritional supplements on low birth weight in children.

3. Role of clinicians in the development of antibiotic resistance among children treated for diarrhea in Kibera slum.
 4. Factors contributing to late presentation to hospital of children's cancer in Thika.
 5. Psychosocial factors contributing to teenage pregnancies in Kenya.
 6. Street children in the slums of Kampala – where do they get their health care?
-

Appendix 6: Judges Scoring System

- Feasibility: eg. time, budget
 - (35 points)
 - Importance and Relevance: to local & the wider community
 - (35 points)
 - Other (10 points each)
 - Importance to Africa
 - Novelty
 - Multidisciplinary team participation
-

Appendix 7: Course Evaluation

Scores and Comments

Score: 1=low...to ... 5=excellent *or* agree strongly (median score shown in bold)

- a. How would you rate this course? 1=0, 2=0, 3=1, 4=1, **5=9**
- b. Did it raise research issues you had not considered before? 1=0, 2=0, 3=1, **4=5**, 5=5
- c. Did it stimulate your interest in research? 1=0, 2=0, 3=1, 4=4, **5=6**
- d. Would you recommend it to a colleague? 1=0, 2=0, 3=1, 4=2, **5=8**

-
1. Why did you come to the course?
- *To learn about clinical research. x 6*
 - *To gain insight in grant writing x2*
 - *To learn about the barriers to research, I have a strong passion for research*
 - *To get a network of collaborators*
 - *To understand interdisciplinary research teams*
 - *To learn how to write papers*
 - *To try to get a grant*
2. What was most helpful in the course?
- *(Understanding) research questions from others or team involvement x3*
 - *What editors look for*
 - *What reviewers look for to review grants*
 - *Knowledge translation*
 - *"You can do it" (if you have fire in your belly)*
 - *Time management talk*
 - *Manuscript (research paper) development*
 - *Kept lectures short (KISS) and held our attention*
 - *How to get published*
 - *Principles of clinical research*
3. What might be changed?
- *Nothing x4*
 - *Give more live illustrations*
 - *More on budgeting eg. Micro-ingredient approach*
 - *More on KT and development of policies*
 - *More trainers so the ones who come are not exhausted*
 - *Venue where bathrooms are closer*
 - *I wish it was 5 days full time rather than 10 half days*
4. What lectures were most helpful?
- *Research ethics x3.*

- *Community engagement x3.*
 - *Principles of knowledge translation x3.*
 - *What editors are looking for x3.*
 - *How to write an abstract x2*
 - *Time and resource management x2*
 - *What grant reviewers are looking for,*
 - *How to make a presentation,*
 - *“Getting started”,*
 - *Pitfalls in research,*
 - *Policy development,*
 - *Writing a manuscript,*
 - *All*
5. What lecture(s) topic could be shortened or dropped?
- *None x9*
 - *Lengthen the one on research methods*
 - *Principles of clinical research*
6. How will you use what you have learned?
- *To advance my research (and teaching) skills x4*
 - *Write grant proposal x4*
 - *Write up data x2*
 - *Ask more questions as I carry out my clinical work x2*
 - *Involve communities in my research x2*
 - *Share with colleagues x2*
 - *Write or rewrite my CV x2*
 - *I will incorporate other disciplines in my research*
 - *Start and mentor a microresearch group*
7. Other Comments
- *The presenters were eloquent and well organized and fully committed*
 - *“You have become my role models”*
 - *Consider extending this training to other sectors (medical school, arms of government)*
 - *Group work is effective way of teaching ... what one considers “common sense” ...that (it) effectively improves the investigators effectiveness in the community.*
 - *Excellent course, lots of utility, thank you for coming, keeping it coming on, thank you*
 - *Excellent. Keep up the good work. Thank you! God Bless.*
 - *One lengthy commentary discussed internal difficulty within one group and recommended that facilitators visit more regularly. “Our mentor did an excellent job on technical issues. (But) we had serious personality issues (with one member in the group).... We gave in for peace....Yet we still learned a great deal. Thank you.”*

